

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90118 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000056927**

1. Corporation Name  
**LEHIGH DRYWALL & STUCCO, INC.**



Principal Place of Business 4401 LEE BLVD LEHIGH ACRES FL 33971 US	Mailing Address 4401 LEE BLVD LEHIGH ACRES FL 33971 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>315 Cleveland Ave, N</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc. 27
City & State 23 <b>Lehigh Acres, FL</b> Zip Country 24 <b>33972</b> 25 <b>USA</b>	City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified <b>07/21/1995</b>	4. FEI Number <b>65-0594242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CLOUSE, LORRE**  
**4401 LEE BLVD**  
**LEHIGH ACRES FL 33971**

10. Name and Address of New Registered Agent

81 Name <b>Same</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>315 Cleveland Ave, N</b>
83
84 City <b>Lehigh Acres</b>
85 Zip Code <b>FL 33972</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STULB, JOSEPH JR.</b>
STREET ADDRESS	<b>1406 N.E. VAN LOON LANE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>CLOUSE, JOSEPH E</b>
STREET ADDRESS	<b>4401 LEE BLVD.</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CLOUSE, LORRE J</b>
STREET ADDRESS	<b>4401 LEE BLVD.</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8514 Charter Club Cr., #4</b>
1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33919</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>315 Cleveland Ave, N</b>
2.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33972</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>315 Cleveland Ave, N</b>
3.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33972</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorrey Clouse 4-29-99 941-369-8033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)